
PATIENT SAFETY GLOBAL ACTION SUMMIT 2018

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Tokyo, Japan



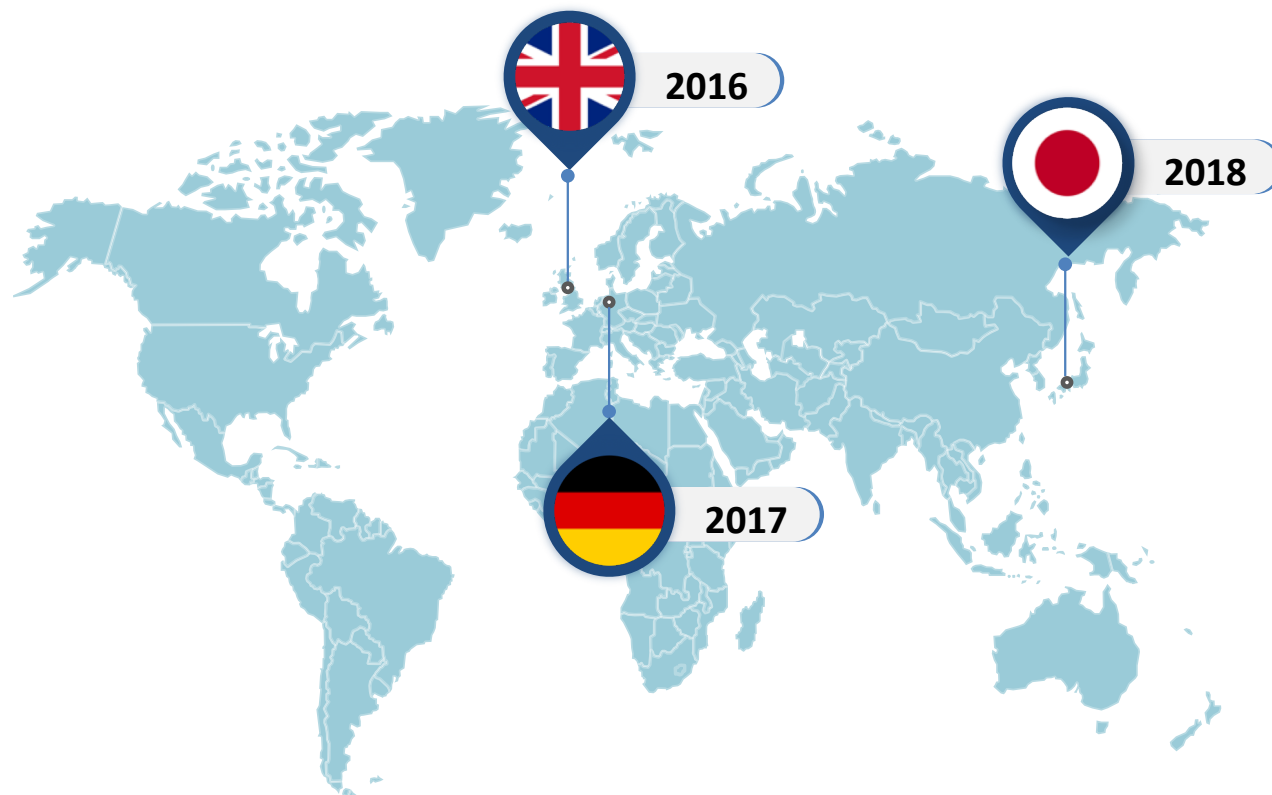
History of Safety in Japan

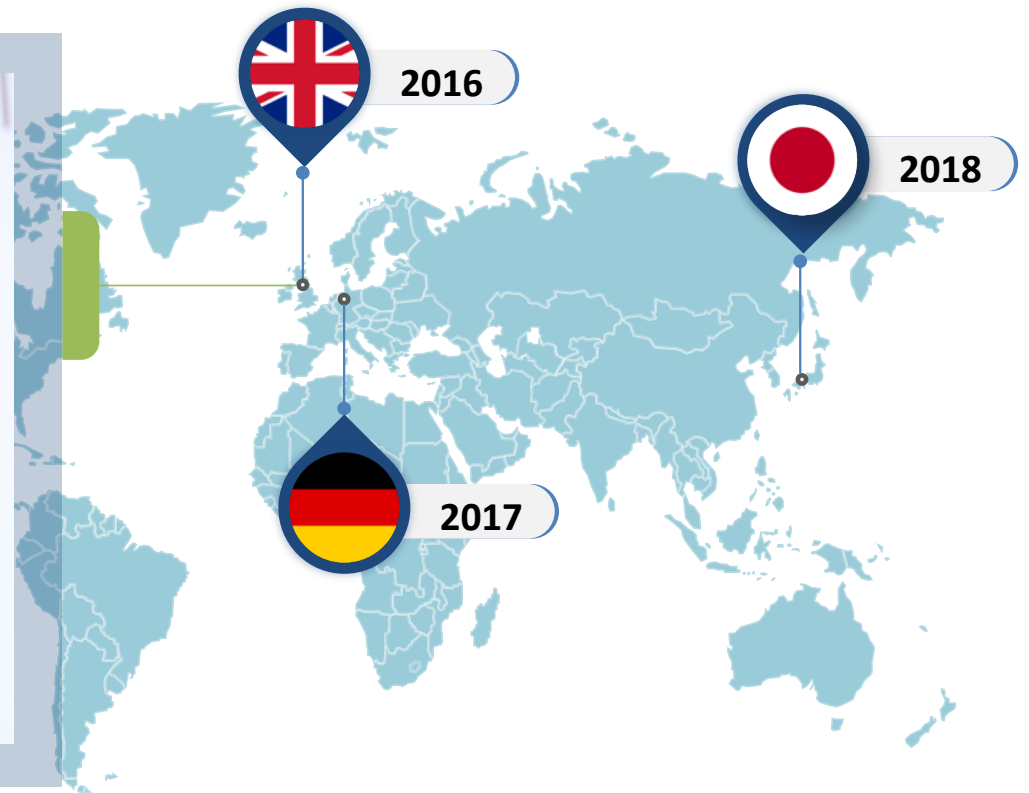
- 1868-1912**
Meiji (明治維新)
Industrial Growth
- 1911**
The Factories Act
- 1917**
The Safety
First Society
(安全第)
- 1942**
The Research
Institute of
Industrial Safety
- 2001**
“Year of Patient
Safety Action”
- 2007**
5th Amendment of
the Medical Care Act
(safety support in all
healthcare
institutes)
- 2015**
Medical Accident
Investigation
System

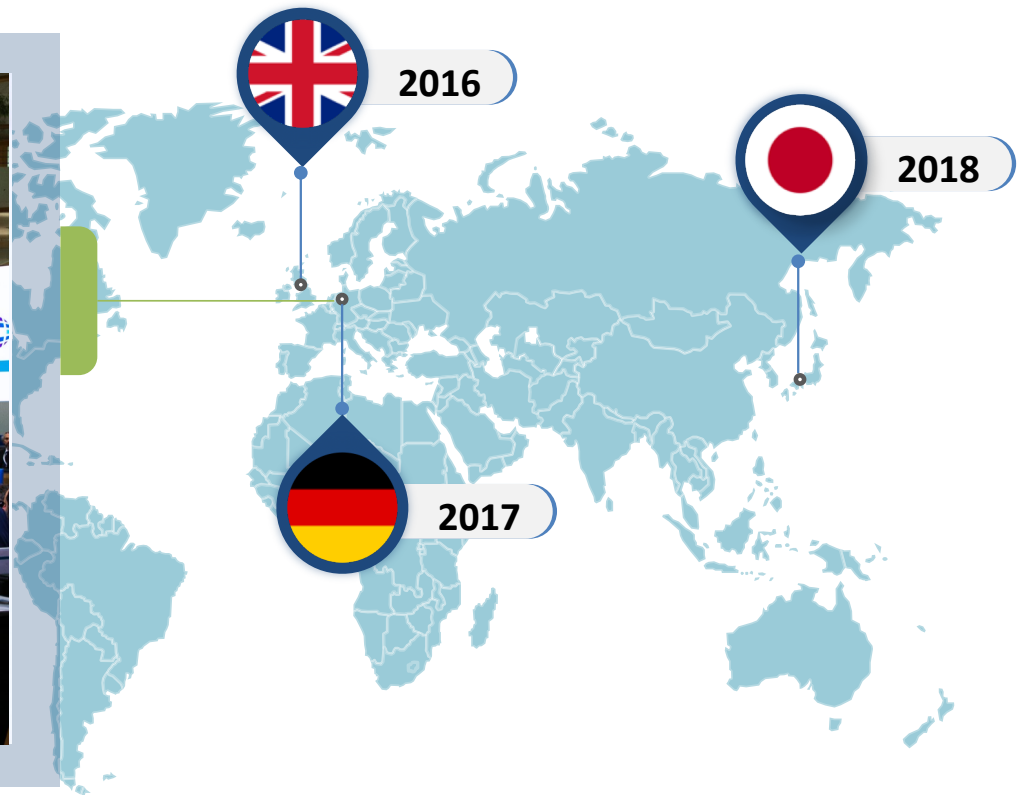




Patient Safety
Global Action Summit



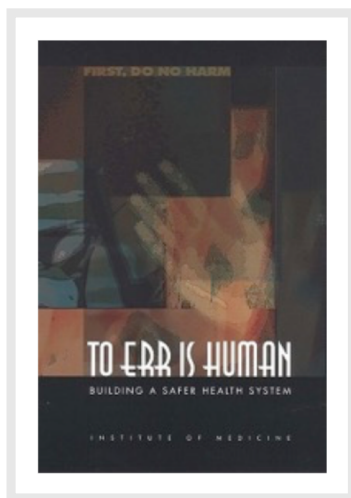




The Summit has
generated
unprecedented
political
commitment



History of the patient safety movement



2000

Awareness

Epidemiology

Gaps

Solutions

Systems change

System change

Solutions And System Change

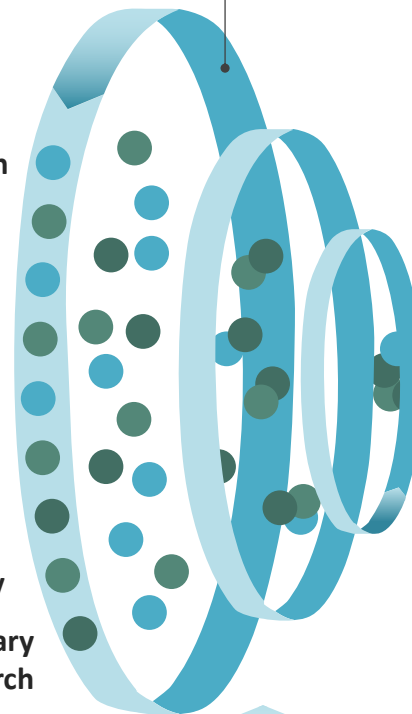


Current culture
not integrated



Policy and regulation
Leadership
Education
Transparency
Patient engagement
Metrics
Technology
Sustainability
Tans-disciplinary research

Culture - integrated



Holistic systems
Integration approach

- End preventable harm
- Continuously improve patient outcomes and experience
- Eliminate waste in healthcare delivery



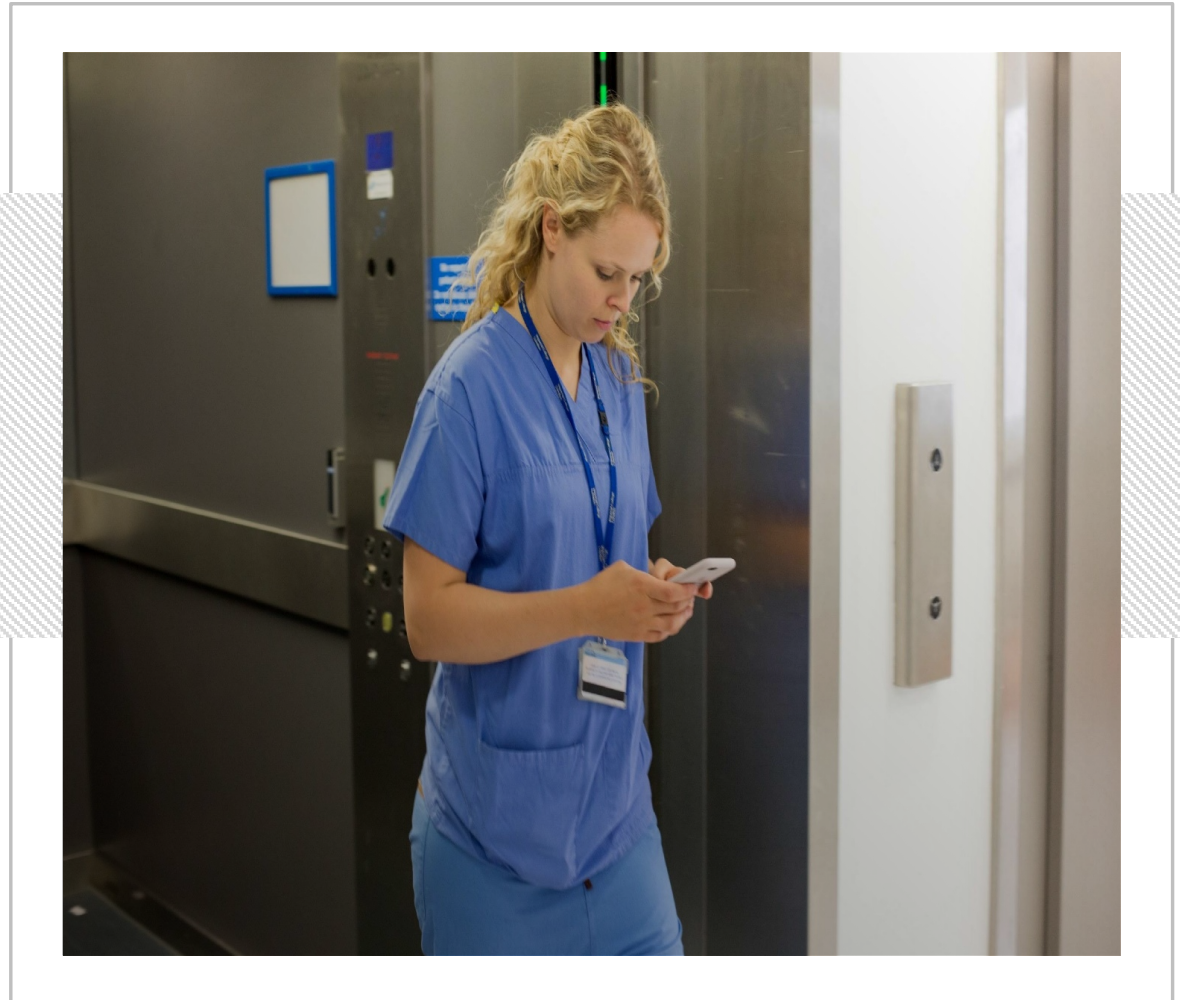
- **Aging society**
- **Economics of Patient Safety**
- **ICT and Patient Safety**
Patient and UHC in LMIC



Patient/family – provider -
Payer – provider – organization –
Researchers – policy – manufacturer - others



CLINICALLY LED DIGITAL SOLUTIONS



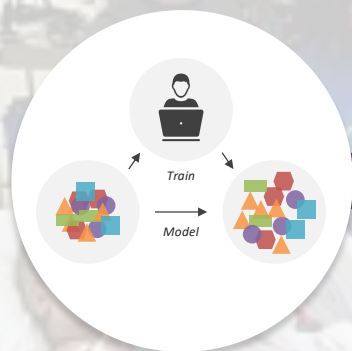


Advanced analytics
and AI

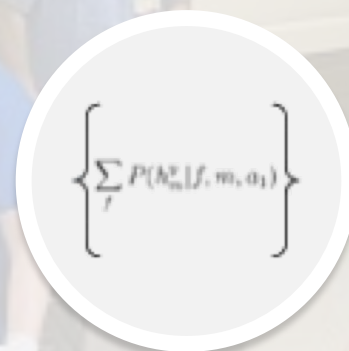
RELIANCE ON ALGORITHM TRAINED BY HUMAN INPUT, REDUCED EXPENDITURE ON MANUAL REVIEW FOR RELEVANCE AND CODING



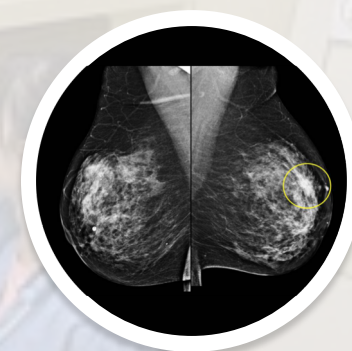
Raw Data



Sample Data, Code
and test sample
data - Feedback

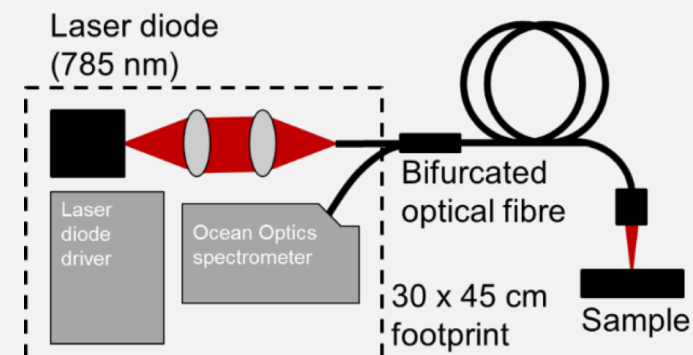
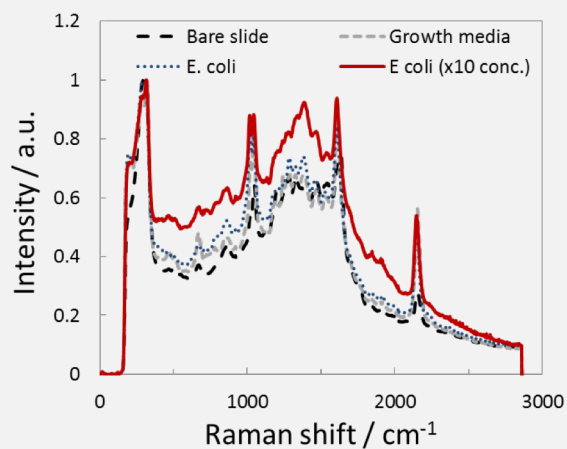
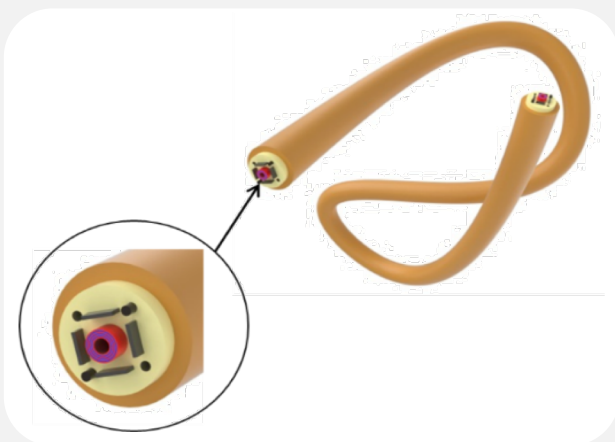


Algorithm



Sensing and reducing the risk of E-coli septicemia from Community Acquired Urinary Track Infection

- › AMR remains a major threat to healthcare with an average prevalence of 15% (in OECD countries)
- › In the UK, Gram-ve bacteria are the greatest AMR source
- › 80% are in the community (predominantly from UTI - *E.coli*)
- › Approximately 75% of hospital and community UTIs are due to interventions such as long-standing catheters
- › We are developing a smart catheter sensor
- › This can offer earlier detection of UTIs to decrease AMR and sepsis rates and increase treatment cost-effectiveness





Designers and
technologists



Clinicians and
academics



Patients, public and
frontline staff



Humans are predictably irrational – repeating again and again the same systematic mistakes

Behavioral economics combines insights from psychology and the laws of economics and demonstrates many of the biases that we are prone to

Patient as Partners - Mystery Patients



Partnering with
patients and carers

MYSTERY SHOPPERS ARE DEFINED AS:

'People trained to experience and measure a service. They act as customers and report back their experience in a detailed way'

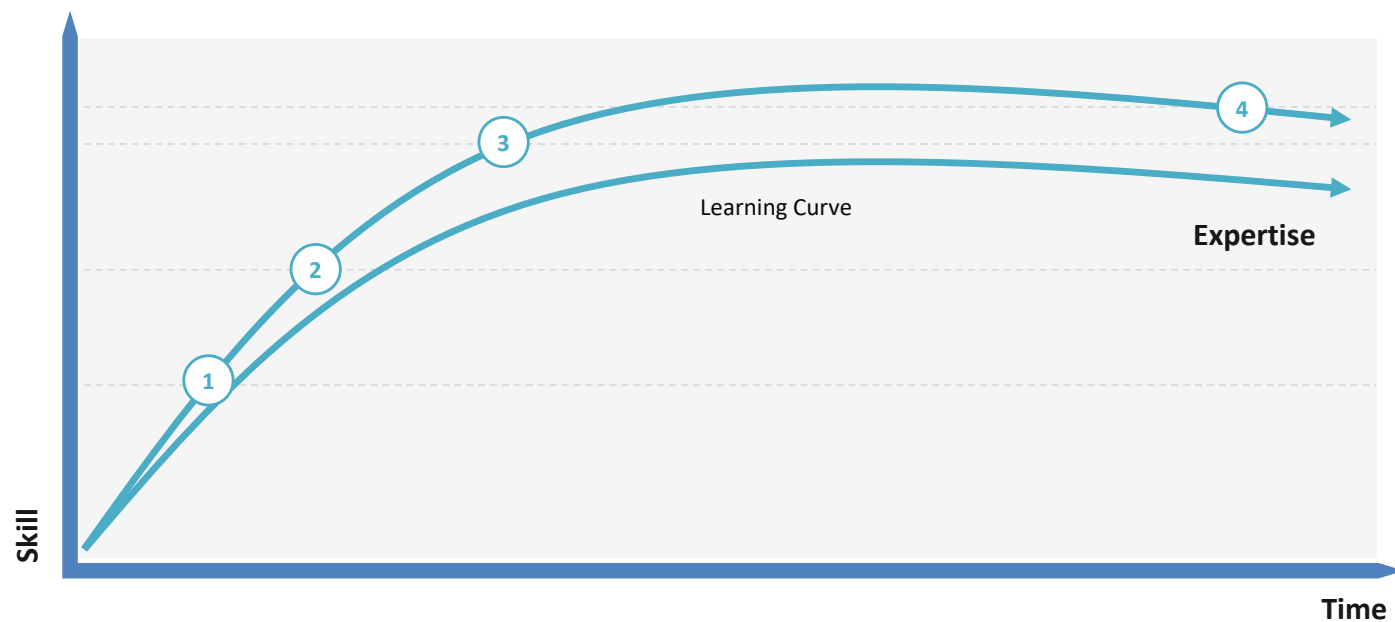


Mystery Patients:

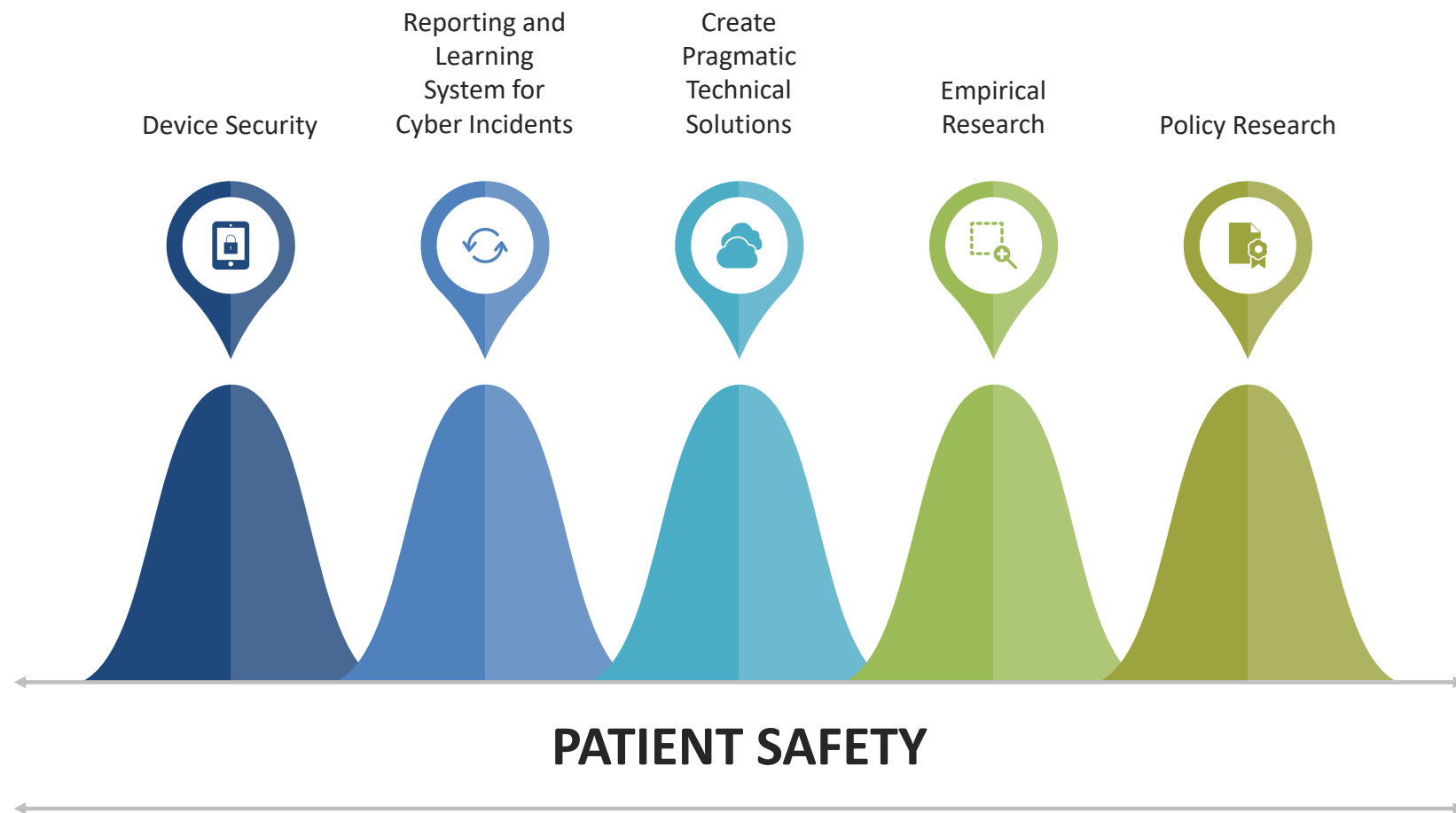
- › Trained elective surgical patients can monitor their own care in real time without the healthcare teams knowledge.
- › Recording events at the time will eliminate recall bias.
- › We will provide a smartphone application to allow these “mystery patients” to record adverse events and errors.
- › This will identify areas for quality improvement.
- › It will also empower patients and may improve their satisfaction with care.

Chris Pettengell, Elaine Burns

” TECHNOLOGY AND TRAINING



Cybersecurity in Healthcare





PATIENT SAFETY
SHOULD BE
CENTRAL TO THE
UHC AGENDA

THE LANCET

Health care must mean safe care: enshrining patient safety in global health

The drive to universal health coverage (UHC) has gathered momentum and features across the UN's Sustainable Development Goals, with major UHC gains in countries such as Brazil, Chile, China, Mexico, Thailand, and Turkey.¹ But efforts to advance UHC are mainly focused on improving access to health services and the financing structures behind them. Quality and patient safety are largely neglected, especially in low-income and middle-income countries (LMICs).

On March 29–30, 2017, Germany's Federal Ministry of Health will host the Second Global Ministerial Summit on Patient Safety alongside WHO. It is crucial that this meeting reiterates the role of patient safety in LMICs, and makes the case that unsafe care is no care at all.

The prevalence of patient safety incidents is inexcusably high in LMICs where scarce resources and underprovided professional education programmes compound the risk of harm.² Harm probably has a

ENGLAND

Scottish Patient Safety Programme - improve safety and reliability across all settings of care

Patient Safety Collaboratives – regional hubs for best practice

JAPAN

Department of Healthcare Quality Assessment supported development of Japan SCORE to calculate patients' risk of mortality

USA

TeamSTEPPS - over 30% of staff in US civilian healthcare systems are now trained in teamwork and communication through the programme

NEW ZEALAND

Design and launch of new survey to routinely measure patient experience in adult inpatient care and primary care

MEXICO

Development of evidence-based, national-level safety and quality indicator and monitoring system

VIETNAM

Development of quality standards for more appropriate use of antibiotics in pneumonia and COPD

BRAZIL

National Programme for Improvement Access and Quality of Primary Care - through self-assessment, local improvement and certification

EASTERN MEDITERRANEAN REGION, MULTIPLE COUNTRIES

Patient Safety Friendly Hospital Initiative – development and deployment of a harmonised assessment manual to assess patient safety and inform further, local improvements

GLOBAL

Patient Safety Global Action Summit – coordinated improvement in patient safety policy

WHO Surgical Safety Checklist – reduction of surgical errors and adverse events

WHO Patients for Patient Safety Campaign – involves patients, families and communities into all levels of health care through engagement and empowerment.

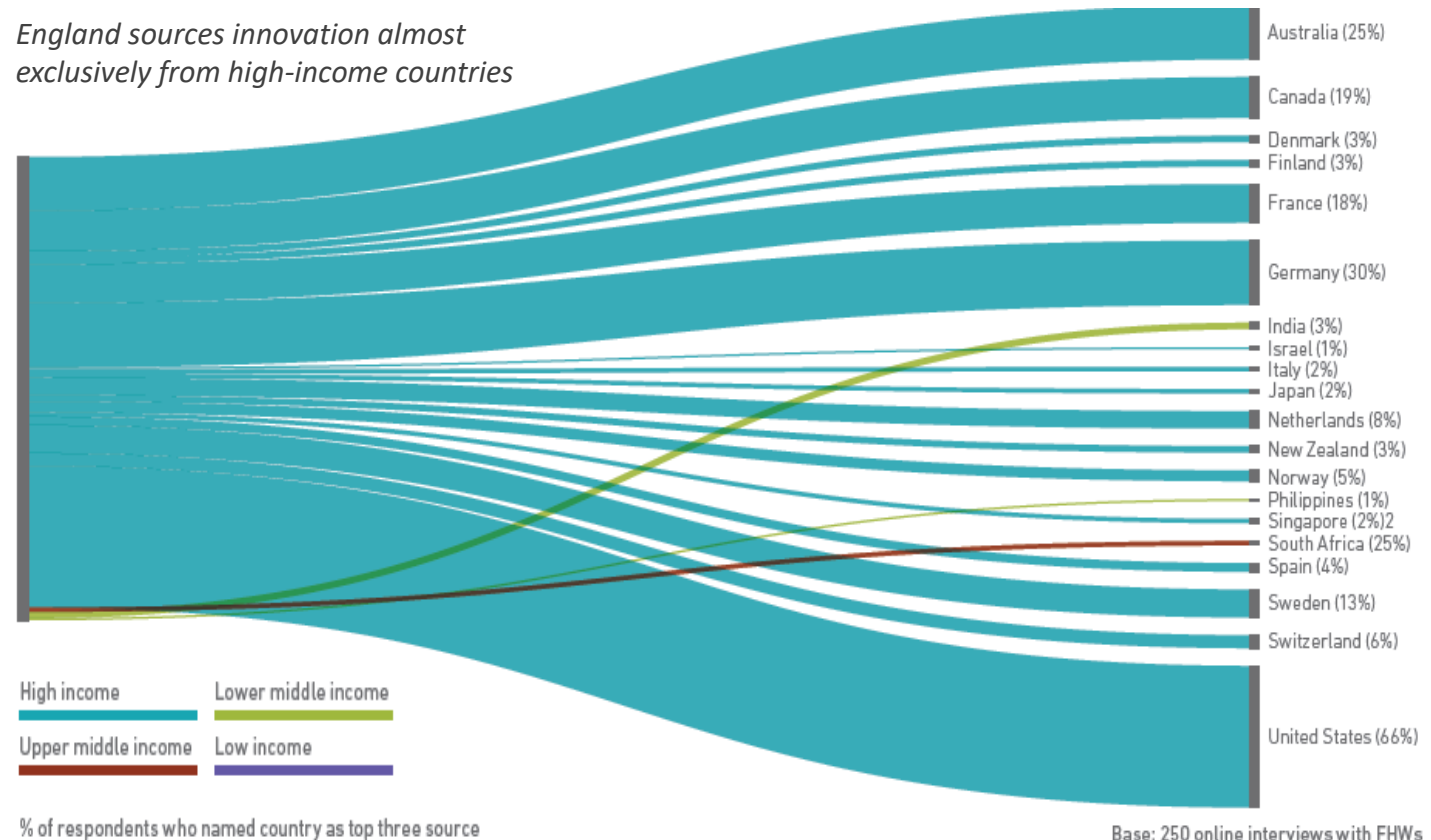
Patient Safety Movement Foundation – set ambitious goal of zero preventable patient deaths by 2020

GLOBAL MOVEMENT



TO CAPTURE THE
BENEFITS, WE ALL
NEED TO KEEP AN
OPEN MIND

England sources innovation almost exclusively from high-income countries





FRUGAL
INNOVATIONS CAN
IMPROVE SAFETY
AND SAVE MONEY



ORIGINAL ARTICLE

A Randomized Trial of Low-Cost Mesh in Groin Hernia Repair

N ENGL J MED 374:2 NEJM.ORG JANUARY 14, 2016

Jenny Löfgren, M.D., Ph.D., Pär Nordin, M.D., Ph.D., Charles Ibingira, M.D.,
Alphonsus Matovu, M.D., Edward Galiwango, M.A.,
and Andreas Wladis, M.D., Ph.D.

In summary, this study showed that a low-cost mesh can be used in hernia repair with excellent clinical outcomes that do not differ significantly from those achieved with commercial mesh. These results support the use of low-cost mesh for hernia repair in resource-scarce settings, after appropriate training of the staff performing the procedures.

